MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3		2				
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50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.			29			
TOTAL CLAIMS			32			

		*		*		*	
		IND.	DEP.	IND.	DEP.	IND.	DEP.
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100							
TOTAL IND.			↓		↓		↓
TOTAL DEP.							
TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS